## 2001 DRAFTING REQUEST

## Bill

Received: 09/08/2000  Wanted: As time permits  For: Administration-Budget 266-2288  This file may be shown to any legislator: NO  May Contact: DHFS					Received By: kenneda  Identical to LRB:  By/Representing: Fossum  Drafter: kenneda  Alt. Drafters:												
									Subject: Mental Health - miscellaneous					Extra Copies:			
									Pre Top	oic:							
									DOA:	Fossum -							
									Topic:						·		
Mental h	nealth changes		ų.														
Instruct	tions:																
See Atta	ched																
 Drafting	g History:																
Vers.	Drafted	Reviewed	<u>Typed</u>	<u>Proofed</u>	Submitted	Jacketed	Required										
/1	kenneda 11/05/2000	jdyer 11/06/2000	rschluet 11/06/200	00	lrb_docadmin 11/06/2000												
FE Sent	For:																
				< <b>END&gt;</b>		•											

## 2001 DRAFTING REQUEST

Bill

Received: 09/08/2000	Received By: kenneda			
Wanted: As time permits	Identical to LRB:  By/Representing: Fossum  Drafter: kenneda  Alt. Drafters:			
For: Administration-Budget 266-2288				
This file may be shown to any legislator: NO				
May Contact: <b>DHFS</b>				
Subject: Mental Health - miscellaneous	Extra Copies:			
Pre Topic:	· ·			
DOA:Fossum -				
Topic:				
Mental health changes				
Instructions:				
See Attached				
Drafting History:				
Vers. Drafted Reviewed Typed Proofed /? kenneda / / // Km	Submitted Jacketed Required			

FE Sent For:

<**END>** 

#### Department of Health and Family Services 2001-2003 Biennial Budget Statutory Language Request August 1, 2000

Title: Mental Health Statutory Language Changes

#### **Current Language**

S. 46.52 currently directs DHFS to award not more than \$350,000 in federal Mental Health Block Grant funds to counties for grants "to assist in relocating individuals with mental illness from institutional or residential care to less restrictive and more cost effective community settings and services..." It requires the Department to distribute the funds "so as to permit initial phasing in of community services for individuals with mental illness" and to require that "the community services that are developed under this section are continued, following termination of a county's funding...by use of funding made available from reduced institutional and residential care utilization."

S. 51.03 describes the Department's responsibilities with regard to mental health system in the state. It uses the term, "Individualized service planning," defined as "a process under which a person...receives information, education, and skills to enable the person to participate mutually and creatively...in identifying his or her personal goals and developing his or her assessment, crisis protocol, treatment and treatment plan..."

S. 51.03 also uses the term "recovery," defined in s. 51.03(1g)(d) as "the process of a person's growth and improvement, despite a history of mental illness or alcohol or other drug abuse, in attitudes, feelings, values, goals, skills, and behavior and is measured by a decrease in dysfunctional symptoms and an increase in maintaining the person's highest level of health, wellness, stability, self-determination, and self-sufficiency."

## **Proposed Change**

Amend s. 46.52 to eliminate the maximum funding level of \$350,000. In addition, amend the language so that the funds will be distributed 1) to all types of entities rather than just counties, 2) to implement recommendations of the Governor's Blue Ribbon Commission on Mental Health instead of to assist in relocating individuals from institutional or residential care, 3) to permit "phasing in of recovery-oriented system changes, prevention and early intervention strategies, and consumer and family involvement at all levels of the system" rather than the "phasing in of community services," 4) to serve all individuals with mental illness rather than only those in institutional or residential settings, and 5) with the requirement that successful services developed with the funds be continued after three years from the

redistribution of funds made available "from enhanced community based treatment services that incorporate recovery, prevention, and early intervention strategies, and consumer and family involvement at all levels of the system."

Amend s. 51.03 to replace the phrases "individual service plans" and "individual service planning" with "recovery and treatment plans" and "recovery and treatment planning."

Amend s. 51.03(1g)(d) to modify the definition of "recovery" to read "the process of a person's growth and improvement over time in improving the person's attitudes, feelings, values, goals, skills, and roles and is measured by a decrease in dysfunctional symptoms and an increase in maintaining the person's highest level of health, wellness, stability, self-determination, self-sufficiency, and in leading as productive and fulfilling a life as possible. "Recovery" means the development of hope, dignity, a new and valued sense of self meaning and purpose, and quality of life, despite the person's mental illness or history of alcohol or drug abuse."

(See attachment for exact changes.)

#### Background and Rationale for the Change

- 1. Since the Governor's Blue Ribbon Commission (BRC) issued its final report in May 1997, the Department has undertaken a number of activities to implement the Commission's recommendations. The most significant of these activities is the four Mental Health and Substance Abuse Managed Care Pilots, whose implementation begins this year. In addition, the Department received approval from the Governor's Office to allocate a \$692,000 increase in the state's Mental Health Block Grant award to grants to implement BRC recommendations beginning in FY 01. Of that amount, DSL will allocate \$500,000 to the managed care pilots, \$96,000 for recovery activities, and \$96,000 for prevention and early intervention activities.
- 2. The Department has allocated the funds governed by s. 46.52 since FY 96; because of federal funding reductions in FY 98 and FY 99, the Department currently allocates a total of \$245,000 per year to five counties. S. 46.52 directs that the funds be allocated for no more than five years to each county; the first five year cycle of grants will be completed at the end of FY 01. The proposed changes would allow the Department to spend the s. 46.52 funds for the same purposes as the \$692,000 in MHBG funds discussed above. DSL intends to continue to allocate a total of \$937,000 (\$692,000 plus \$245,000) for these purposes.
- 3. As proposed by the Department, 1999 Act 9 (the 1999-2001 biennial budget) created ss. 51.03(1g), (4), and (5) in the statutes to codify the goals and recommendations of the BRC. The sections allow DHFS, within the limits of existing funding, to promote coalitions, reduce stigma and discrimination, involve all stakeholders in service system planning and delivery, promote responsible stewardship of resources, identify and measure consumer outcomes, and promote access, consumer decision-making, and the use of individualized service plans.

4. DSL requests that the Act 9 language be modified to align the statutes with the language it used in the requests for consideration to select counties for the managed care pilots. DSL argues that the use of the term "recovery and treatment plan" and the modified definition of "recovery" capture the BRC recommendations more accurately. "Recovery and treatment plan," on its face, is more informative than "individualized service plan." The proposed changes to the definition of "recovery" define the concept more fully. However, the Department has been able to implement the managed care pilots and administer MHBG funds targeted toward the BRC recommendations under the current language in s. 51.03. The changes therefore do not substantively alter the Department's current authority.

Desired Effective Date.

Upon passage

Agency:

**DHFS** 

**Agency Contact:** 

Andy Forsaith

Phone:

266-7684

46.52 Systems change grants. From the appropriation under s. 20.435 (7) (md), the department may not distribute more than \$350,000 funds in each fiscal year to counties implement the Governor's Blue Ribbon Commission on Mental Health (BRC) recommendations assist in relocating individuals with mental illness from institutional or residential care to less restrictive and more cost-effective community settings and services. The department shall distribute funds to each recipient under this section so as to permit initial phasing in of community services recovery-oriented system changes. prevention and early intervention strategies and consumer and family involvement at all levels of the system for individuals with mental illness. who are relocated or diverted from institutional or residential care and The department shall eliminate the funding at the end of a period of not more than 5 3 years in order to provide funding to benefit another county) The department shall require that the community services that are developed under this section are continued, following termination of a county's the funding under this section, by use of funding made available to the county from reduced institutional and residential care utilization. from enhanced community based treatment services that incorporate recovery, prevention, and early intervention strategies, and consumer and family involvement at all levels of the system."

entity?

#### Section 51.03(1g) (Definitions)

"Individualized service Planning" "Treatment and Recovery Plan" means a process under which a person with mental illness or who abuses alcohol or other drugs and, if a child, his or her family, receives information, education and skills to enable the person to participate mutually and creatively with his or her mental health or alcohol or other drug abuse service provider in identifying his or her personal goals and developing his or her assessment, crisis protocol, treatment and treatment plan. "Individualized service planning" The "Treatment and Recovery Plan" is tailored to the person and is based on his or her strengths, abilities and needs.

## Section 51.03 (4)(h) (Department Duties)

(h) Promote use by providers of mental health and alcohol and other drug abuse services of individualized service planning, treatment and recovery planning, under which the providers develop written individualized service plans treatment and recovery plans, that promote treatment and recovery, together with service consumers, families of service consumers who are children and advocates chosen by consumers.

## Section 51.03(5) (Department Duty)

The department shall ensure that providers of mental health and alcohol and other drug abuse services who use individualized service plans treatment and recovery plans, as specified in sub. (4)(h), do all of following in using a plan:

- (a) Establish meaningful and measurable goals for the consumer.
- (b) Base the plan on a comprehensive assessment of the consumer's strengths, abilities, needs and preferences.
- (c) Keep the plan current.

(d) Modify the plan as necessary.

Section 51.03 (1g)(d) (Definitions)

"Recovery" means the process of a person's growth over time and in improvement, despite a history of mental illness or alcohol or other drug abuse, improving the person's in attitudes, feelings, values, goals, skills, and roles, and behavior and is measured by a decrease in dysfunctional symptoms and an increase in maintaining the person's highest level of health, wellness, stability, self-determination and self-sufficiency, and in leading as productive and fulfilling a life as is possible. "Recovery" means the development of hope, dignity, a new and valued sense of self, meaning and purpose, and quality of life, despite the person's mental illness or history of alcohol or other drug abuse.

### Kennedy, Debora

From:

Fossum, Gretchen

Sent:

Wednesday, November 01, 2000 3:12 PM

To: Subject:

Kennedy, Debora Mental Health Language

Debora:

Here is the revised language suggested by DHFS for s. 46.52 that we discussed earlier this afternoon.

Gretchen



Gretzen indicated that 5.46.52 is the only provision under this request that should be drafted.

DAK 11/1/00

46.52 Systems change grants. From the appropriation under s. 20.435 (7) (md), the department shall distribute funds to each recipient under this section so as to permit initial phasing in of community services recovery-oriented system changes, prevention and early intervention strategies and consumer and family involvement at talk levels of the system for individuals with mental illness. who are relocated or diverted from institutional or residential care and The department shall eliminate the funding at the end of a period of not more than 5 3 years in order to provide funding to benefit another county. The department shall require that the community services that are developed under this section are continued, following termination of a county's the funding under this section, by use of funding made available to the county from reduced institutional and residential care utilization from enhanced community based treatment services that incorporate recovery, prevention, and early intervention strategies, and consumer and family involvement at altievels of the system."

Samines (no of)



1

State of Misconsin 2001 - 2002 LEGISLATURE

D-NOTE

LRB-0195/1 DAK...:من آل

DOA:.....Fossum – Mental health changes

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

AN ACT ...; relating to: the budget.

## Analysis by the Legislative Reference Bureau

## HEALTH AND HUMAN SERVICES

## $^{\prime}$ Mental illness and developmental disabilities

Under current law, DHFS must distribute not more than \$350,000 in federal funds in each fiscal year as five—year system change grants to counties to assist in relocating individuals with mental illness from institutional or residential care to less restrictive and more cost effective community settings and services. DHFS must require that the community services that are developed under a grant are continued following grant termination, by use of funding made available from reduced institutional and residential care utilization.

This bill changes system change grants so as to eliminate the limitation on federal funding; reduce from five years to three the maximum grant period; permit the grants to be made to entities other than counties; require that the grant funds be made to permit recovery—oriented mental health system changes, prevention and early intervention strategies, and consumer and family involvement. Lastly, the bill requires that community services developed under a grant be continued following grant termination, by use of savings made available from incorporating recovery,

prevention and early intervention strategies, and consumer and family involvement in the services.

## The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1.** 46.52 of the statutes is amended to read:

**46.52** Systems change grants. From the appropriation under s. 20.435 (7) (md), the department may not distribute more than \$350,000 in each fiscal year to counties to assist in relocating individuals with mental illness from institutional or residential care to less restrictive and more cost-effective community settings and services. The department shall distribute funds to each grant recipient under this section so as to permit initial phasing in of community services recovery-oriented system changes, prevention and early intervention strategies, and consumer and family involvement for individuals with mental illness who are relocated or diverted from institutional or residential care and. The department shall eliminate the funding for a recipient at the end of a period of not more than 5 3 years in order to provide funding to benefit another county recipient. The department shall require that the community services that are developed under this section are continued, following termination of a county's funding under this section, by use of funding savings made available to the county from reduced institutional and residential care utilization from incorporating recovery, prevention and early intervention strategies, and consumer and family involvement in the services.

History: 1995 a. 27, 216; 1997 a. 27.

(END)

D-NOTE

18

1

 $\mathbf{2}$ 

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

# DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-0195/1dn DAK...;......

To Gretchen Fossum and Andy Forsaith:

Please review this draft carefully; my language differs somewhat from that proposed.

Are there grants at this time that are in the middle of an expected five—year length that will be affected by this bill? Do you want an initial applicability provision to apply the bill to any such grants (and thereby reduce their length to three years), or do you want them to continue to have a five—year life?

Debora A. Kennedy Managing Attorney Phone: (608) 266-0137

E-mail: debora.kennedy@legis.state.wi.us

## DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-0195/1dn DAK:jld:rs

November 6, 2000

To Gretchen Fossum and Andy Forsaith:

Please review this draft carefully; my language differs somewhat from that proposed.

Are there grants at this time that are in the middle of an expected five—year length that will be affected by this bill? Do you want an initial applicability provision to apply the bill to any such grants (and thereby reduce their length to three years), or do you want them to continue to have a five—year life?

Debora A. Kennedy Managing Attorney Phone: (608) 266–0137

E-mail: debora.kennedy@legis.state.wi.us



1

## State of Misconsin 2001 - 2002 LEGISLATURE

LRB-0195/1 DAK:jld:rs

DOA:.....Fossum – Mental health changes

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

AN ACT ...; relating to: the budget.

## Analysis by the Legislative Reference Bureau HEALTH AND HUMAN SERVICES

#### MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Under current law, DHFS must distribute not more than \$350,000 in federal funds in each fiscal year as five—year system change grants to counties to assist in relocating individuals with mental illness from institutional or residential care to less restrictive and more cost—effective community settings and services. DHFS must require that the community services that are developed under a grant are continued following grant termination, by use of funding made available from reduced institutional and residential care utilization.

This bill changes system change grants so as to eliminate the limitation on federal funding; reduce from five years to three years the maximum grant period; permit the grants to be made to entities other than counties; and require that the grant funds be made to permit recovery—oriented mental health system changes, prevention and early intervention strategies, and consumer and family involvement. Lastly, the bill requires that community services developed under a grant be continued following grant termination, by use of savings made available from

incorporating recovery, prevention and early intervention strategies, and consumer and family involvement in the services.

## The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1.** 46.52 of the statutes is amended to read:

**46.52** Systems change grants. From the appropriation under s. 20.435 (7) (md), the department may not distribute more than \$350,000 in each fiscal year to counties to assist in relocating individuals with mental illness from institutional or residential care to less restrictive and more cost-effective community settings and services. The department shall distribute funds to each grant recipient under this section so as to permit initial phasing in of community services recovery-oriented system changes, prevention and early intervention strategies, and consumer and family involvement for individuals with mental illness who are relocated or diverted from institutional or residential care and. The department shall eliminate the funding for a recipient at the end of a period of not more than 5 3 years in order to provide funding to benefit another county recipient. The department shall require that the community services that are developed under this section are continued, following termination of a county's funding under this section, by use of funding savings made available to the county from reduced institutional and residential care utilization from incorporating recovery, prevention and early intervention strategies, and consumer and family involvement in the services.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17